2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State **DOCUMENT # L06000051498** 04-18-2007 90033 042 ****50.00 **BOB'S HANDYMAN & LAWN SERVICE, LLC** Principal Place of Business Mailing Address 9383 HORIZON DR. 9383 HORIZON DR. SPRING HILL, FL 34609 SPRING HILL, FL 34608 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Z11 - 4903294 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 9383 HORIZON DR. SPRING HILL, FL 34608 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition BAKER, ROBERT E NAME NAME STREET ADDRESS 9383 HORIZON DR. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ER. MANAGER, DR AUTHORIZED REPRESENTATIVE

FILED

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/18/2007-90033-042-\$50.00-\$50.00

DOCUMENT # 206000051498 1. Erithy Narine BOB'S HANDYMAN & LAWN SERVICE, LLC						ATTACHMENT 30006584				
Principel Place of Business Mailing Address 9383 HORZONDR 9383 HORZONDR - 97RNGHUL, FL 34609 US STRINGHUL, FL 34608 US								-/		
2. Principal Pla	ace of Busin	ess - No P.O. Box #	3. Mailing Address			71				
Suite, Apt. #		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. II, etc.			01032007 Chg-LLC CR2E083 (12/08) 4. FEI Number Applied For				
City & State			City & State			4. FEI Number			Not Applicable	
Žip	Country		Zip	Coun	try	8. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name	and Address of Current	egistered Agent Name			7. Name and	Address of New F	tegistered Agen	1	
BAKER, RO 9383 HORIZ SPRING HI	ZON DR.	4608	Street Address		Street Address (P.O. Box Numb	er is Not Acceptable	n)		
					City			FL	Zip Cod	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farrillar with, and accept the obligations of registered agent. SIGNATURE Signalure, typoid or protect name of registered agent and title if applicable. PNOTE Registered Agent signalure required when reinstalling! DATE										
FII Du	ing foe i e by May	s \$50.00 y 1, 2007				Make check payable to Florida Department of State				,
9.		MANAGING MEMBE		10.			ADDITIONS			
NAME	9383 HOF	ROBERT E RIZON DR. HILL, FL 34608	Ociota						Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-51-ZP			☐ Delete		Y				Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-72P			☐ Debita				· · · · · · · · · · · · · · · · · · ·	0	Change	Addition
TITLE -MAKE STREET ADDRESS CITY-ST-ZIP			☐ Deicts		l		-		Change	Addition
TITLE NUME STREET ADDRESS CITY-ST-ZBP			☐ Detats				; -		Change	. Adddon
TITLE HAME STREET ADDRESS CITY-ST-ZBP			☐ Delete		l.			0	Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under outly, that I am a managing member or manager of the firsted fability company or life acciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: BOOMATURE AND TYPED OR PRINTED NAME OF BOOMSO MANAGEMO MEMBER, IMMAGER, OR AUTHORIZED REPRESENTATIVE Date of the contract o										